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MALIGNANT PUSTULE.

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THE following copy of original manuscript was forwarded by its author, Dr. Samuel B. Wells, of Middleburgh, Schoharie Co., N. Y., for insertion in a forthcoming work entitled *An Abstract of Braithwaite's Retrospect of Practical Medicine and Surgery.*

As some benefit might accrue from the communication of a few cases of an anomalous character, which have occurred during a somewhat extensive practice in the Valley of the Schoharie, I herewith transmit a short account of them, which you are at liberty to make public for the use of the profession.

In the summer of 1842, I was called to see a case of disease of the under lip, then in charge of Dr. Peter S. Swart, in the village of Schoharie. The patient was a man about 25 years of age, and had enjoyed good health up to the time of the attack, although his habits had been somewhat intemperate. Three days before I saw him, a small pimple appeared on the surface of the under lip, toward the left angle of the mouth. It commenced with swelling and redness, which soon assumed a purple hue and increased rapidly. At first there was not much constitutional disturbance, very little pain, fever, or acceleration of the pulse. In less than thirty-six hours the lip had attained four times its normal size, and had assumed a gangrenous aspect, the swelling extending downward as far as the clavicle, involving the areolar tissue, together with the integuments of the parts concerned, occasioning great difficulty of respiration, from pressure of the larynx. During the incipient stage of the disease, the patient had been freely evacuated, and an antiphlogistic regimen adopted. Externally, discutients, such as solution of muriate of ammonia and acet. plumb., had been applied. But as soon as the septic tendency of the disease became manifest, cataplasms of yeast and Peruvian bark were substituted, and a corresponding change was also made in the use of internal remedies—the infusion of serpentaria, quinine, wine and ammonia being substituted. Notwithstanding, the patient grew

worse every moment—the engorgement of the lip and the adjacent parts continued to increase until mortification ensued, when, on the following day, he died.

An interval of ten years elapsed, when I was called to see a second case of the kind: Mrs. B——, a lady of robust constitution, and who, up to this time, had enjoyed excellent health. She had been taken ill the preceding day. A small pimple occupied the surface of the lower lip, as in the foregoing case. This was accompanied with pain, redness and swelling. There was also considerable increased excitement of the system, together with much cerebral disturbance. This patient was bled freely, and general antiphlogistic measures speedily adopted. Notwithstanding, the violence of the symptoms continued unabated. During the night, the lip became greatly enlarged, and on the following day gangrene and mortification ensued, terminating in a fatal issue.

The next case, I witnessed in August, 1855. This occurred in a middle-aged lady, of good constitution and plethoric habit. Five days before I was called, a small pimple made its appearance on the under lip, to which she called the attention of her physician, who was then treating a case of fever in the family. The nature of the disease was fully explained to her by the doctor, who advised that immediate measures be taken to arrest it in its present stage.

Feeling but little inconvenience from its presence, nothing was done until the following day, by which time the swelling had greatly increased, and the lip had assumed a purple aspect. The parts having put on a low grade of inflammatory action, the patient was treated with active catharsis, and an antiseptic cataplasm was applied to the lip. These, together with such remedies as appeared adapted to the most prominent symptoms, were used. Still, the disease continued to advance, as in the foregoing cases. The lip having assumed a gangrenous appearance, its fatal tendency too soon became alarmingly evident. Mortification ensuing, the patient died three days afterward.

In the summer of 1856, Miss G., an instructress in a select school at this place, consulted me in relation to a small pimple which appeared the preceding day on the surface of the under lip, attended with redness and swelling, but unaccompanied with any other disturbance of the system whatever. With a view of discussing it thus early, I gave her an antimonial emetic, and in due time followed with twelve grains of submur. hyd., and in six hours thereafter with the black dose. These evacuated the system freely. I applied, locally, a solution of acet. plumbi. The following day there was no amendment, but, on the contrary, an increased tumefaction of the lip, with a deep purple appearance.

Having failed in arresting any one of these several cases with the ordinary remedies adapted to analogous diseases, it occurred

to me that if suppuration could be established before the vital forces of the parts became exhausted, a more favorable result might be reasonably expected. With this in view, I passed an ordinary-sized lancet from near the angle of the mouth, through the substance of the lip, transversely to a corresponding point on the opposite side. I then introduced a small strip of muslin, about three lines in width, to the extreme end of the puncture, and covered the parts with a cataplasm of yeast and Peruvian bark. A slight suppuration followed in thirty-six hours, and a speedy recovery took place in a few days.

It would be superfluous to give the details of five other similar cases which have occurred in my practice since the above mentioned. Suffice it to say, that the latter is an index of each one. They severally exhibited the usual characteristics of the foregoing cases in their incipient stage, and were readily controlled and brought to a favorable termination by adopting this plan of treatment—free incision of the affected lip, introduction of a tent, and the local application of a cataplasm of yeast and Peruvian bark to the wound, with a view to the establishing of suppuration—so successfully pursued in the case of Miss G.

I practised here twenty years before I saw a case of this kind, and presume there are many physicians with an extensive business who have never met with one.

TREATMENT OF PSORIASIS BY BALSAM OF COPAIBA.

[Translated for the Boston Medical and Surgical Journal, from the *Gazette des Hopitaux*.]

The internal administration of arsenic, and the topical application of the oil of juniper and of tar, in the treatment of psoriasis, enjoy a certain reputation, as is well known, among dermatologists. But the local medication is but too often merely palliative, and even arsenic does not always ensure the patient against a return of the disease, while its administration, however prudently directed, is far from being always free from inconvenience. These considerations induced M. Hardy to try other means, and his choice fell upon the internal employment of the balsam of copaiba. The following details concerning the treatment now in use in the service of this physician, at the Hospital of St. Louis, are taken from the *Bulletin de Thérapeutique*.

M. Hardy generally commences the treatment in the dose of about three-fourths of a fluid drachm, which he subsequently increases to a drachm, and a drachm and a half. It is given in the morning, before eating, and in the intervals of the meals, during the day. It is continued for a considerable time, at least a month, and sometimes longer. It is generally combined with local treatment, but is sometimes employed successfully alone.

Copaiba, thus administered, generally causes diarrhœa, which is,

however, well borne by the patients, and does not ordinarily prevent them from taking food, even with appetite. It rarely gives rise to the erythema sometimes produced by this drug. The scaly eruption generally gets well in all places at the same time, and the improvement is not always more marked, at the beginning, in the inferior extremities, as occurs in other modes of treatment. It first shows itself in the parts most lightly attacked, and from thence spreads toward the places of election. When the scales become detached, the subjacent skin is generally sound, though sometimes still a little red. Psoriasis existing in patches becomes converted into psoriasis circinata, the healing beginning at the centre of the patch; and the psoriasis circinata is transformed into P. guttata.

The following summary of facts, taken from the thesis of M. Paul Dupuy, one of the pupils of M. HARDY, will enable the reader to appreciate the effects of this treatment, and to judge how much benefit we can hope to obtain from it.

A patient who entered the hospital two or three months since for psoriasis, and who was treated by the ordinary remedies (arsenical preparations, baths, ointments, &c.), still retained a small patch of the disease on the left shoulder. On the 12th of February, about a fluid drachm of copaiba was substituted for the arsenical solution; in one week the patch had almost disappeared, and at the end of three weeks the patient was cured.

A second patient, aged 49 years, several members of whose family had been affected with skin diseases, had, at the age of twenty-one, an eruption of psoriasis, which disappeared spontaneously at the end of a few months. Afterwards the disease re-appeared from time to time; but since 1840, the psoriasis had constantly persisted, sometimes in one place, sometimes in another. At his entrance into the Hospital, in November, 1855, he had patches of psoriasis on the elbows, knees, loins, scalp and ears. He was treated by the arsenical solution, vapor, sulphur and alkaline baths, and ointments containing oil of juniper, and afterwards protiodide of mercury; but his psoriasis still remained, on the 28th of February following, in the form of large patches, on the elbows, knees and loins; though the scales had diminished in quantity. At this time he was placed upon the use of copaiba, in the dose of a drachm gradually increased to double that quantity. The local treatment was continued, but the arsenic was omitted. At the end of a week there was a perceptible improvement, and on the 25th of March the patient left the Hospital perfectly cured, having continued the copaiba up to that time. He was seen again on the 11th of June, but presented no symptom of relapse.

In a third patient, the affection dated from five weeks only. It consisted in psoriasis, in patches and *guttata*, having its seat on the elbows, arms, fore-arms, knees, legs and thighs, and was accompanied by severe itching during the night. He entered the

Hospital on the 8th of March, and two days afterwards was put upon the electuary of copaiba, in the dose of a fluid drachm, at first, gradually increased to a drachm and a half. On the 15th, there was a sensible improvement; the *guttæ* were smaller, and in several places had in great part disappeared. There were fewer scales, and there was hardly any itching. On the 3d of April, there was scarcely any of the disease left on the thighs, arms, and posterior part of the leg. In other places the eruption was less prominent and less scaly. On the 15th, general subsidence of the patches in those places from which the scales had become detached. On the 13th May, there was no psoriasis except on the places of election, and the front of the legs. June 1st, the left arm and leg are well; 15th, the right elbow is completely cured; there remain only a few scales on the right knee. On the 20th, the patient was discharged at his own request.

During the whole course of the treatment, the digestive functions were regularly performed, and the stools were not more frequent than usual.

FISTULÆ IN THE PERINÆUM.

[Communicated for the Boston Medical and Surgical Journal.]

Mr. M., of Windsor, Ohio, æt. 72, received an injury in the region of the perinæum, several years since, which caused symptoms of stricture of the urethra; and about five years ago caused complete retention of urine. All attempts to pass a catheter proved unavailing, and after several days of intense suffering, the urethra gave way, and the result was that several fistulous openings occurred in the perinæum and scrotum. The urine passed through these openings during the act of micturition—which act was always attended with great pain and scalding; and as the patient could not retain his urine, more than from half an hour to one hour at a time, his life was one of continual suffering. There was also a profuse discharge of pus, which, with the pain and irritation, had induced great debility and hectic fever, and he was obliged to keep his bed most of the time.

When I first saw him, he had been three years in the above-described condition, and was, as he expressed it, "very anxious to be either *killed* or *cured*."

The stricture was just below the membranous portion of the urethra, and seemed to be an inch and a half in length and of a hard, gristly nature.

I used a small-sized, flexible metal bougie, with the point rather blunt, and after repeated efforts succeeded in passing it through the stricture. The bougie was withdrawn in a few minutes and a small silver catheter introduced, and at least three quarts of urine came away with a quantity of mucus. The catheter was retained

in the urethra for several days, and only removed to clean it, and no more urine passed through the fistulæ. An injection of a solution of sulphate of zinc and also a weak solution of nitrate of silver were used three or four times; balsam of copaiba and infusion of uva ursi leaves were administered, and the patient was instructed how to use the catheter, whenever he wished. The openings in the perinæum and scrotum all healed up, and the general health was restored, but he could never pass his urine without the catheter. This patient died very suddenly in about one year, of disease of the heart, with which he had long been troubled.

WM. M. EAMES, M.D.

IS SCARLATINA CONTAGIOUS? PARASITIC DISEASE OF SCALP.

BY P. PINEO, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Scarlatina has been quite prevalent during the last two or three years in this locality. It has made its invasions alike in very elevated and low situations. The question of its contagiousness, constantly arising, led me to observe it as carefully as possible, with a view of noting the evidences *pro* and *con*; and it has seemed to me that the testimony decidedly preponderates in favor of its non-contagiousness.

This question is not only important in a scientific view, but the interests of humanity require its solution. I have repeatedly seen a family almost entirely deserted by the neighbors, because they feared the disease was *catching*, which is the popular belief.

In two of our standard works on Theory and Practice, by Dr. Watson and Dr. Wood, we are told that scarlatina is contagious. Having the highest respect for these two eminent men, and remembering a few words of that celebrated aphorism of our father Hippocrates, "*Experience is deceptive and judgment difficult*,"—I feel like stating my own observations with great modesty.

In a family numbering ten, including servants, there have been three or four cases of scarlatina, at different periods, with intervals of several months or a year, and no other member of the family took the disease, though all were exposed to it.

D. C. was attacked with the most severe form of scarlatina, and died in five or six days. Several children in the family were often in the room, and constantly exposed to whatever contagious influence there might be, but not one of them had the disease; while two families, one fourth of a mile on each side, who carefully avoided going near the residence of the patient, had several children attacked with it. Numerous instances like the foregoing would seem to prove its non-contagious character. What has been the observation of others?

In the JOURNAL of March 24th, there appears a somewhat cap-

tious criticism, over the signature "M.D.," of the paper on Parasitical Disease, which appeared in the number of March 10th. A just and generous criticism is wholesome and valuable; but it differs widely from a mere fault-finding one, and a misstatement of the meaning and language of the writer, which is neither conducive to the best interests of the profession and science, nor is it prompted by the more kindly impulses of our nature.

The writer affirms that the evidences which led to the diagnosis, were the statements of the patient with regard to her sensations, and observation of the movement of the hair-bulbs; and that these were sufficient without the aid of the microscope.

Any one who will read the paper on parasitic disease, may see that the sensations and impressions of the patient were mentioned, as in the history of any case we would describe the feelings of the sick person, or the account received from him; and that it does not imply, by any means, that we will take it for granted that a woman has lived two years without eating, because she and her friends affirm that she has tasted nothing for that length of time.

The paper was written under the pressure of a large practice, and I should have stated that it was very inconvenient to obtain the use of a microscope in this vicinity; and in its absence, and from the general history of the case, I determined to treat the disease as parasitical in its character.

I have seen the patient within twenty-four hours, and the result shows that whatever may have been the diagnosis, or the means of arriving at it, the *treatment* has been fortunate, for the lady's head is perfectly smooth, and no pustules have made their appearance for many weeks. As soon as the *peculiar sensations* begin to manifest themselves, she pulls out the hair and applies alcohol, or an alkaline solution, and the trouble ceases.

Queechy, Vt., April 22, 1859.

ON DISEASES SIMULATING LARYNGITIS.

BY HENRY MADGE, M.D.

According to the best authorities, several conditions are capable of producing symptoms simulating laryngitis. Amongst others that are mentioned are affections of the brain, angina pectoris, certain forms of heart and lung disease, hysteria, aneurisms, tumors, and operations, in which the pneumogastric nerve and its recurrent laryngeal branch are interfered with. These, for the most part, simulate the subacute form of the disease. So far as I have been able to gather from various sources of information, the conditions which called forth symptoms simulating laryngitis in the following cases do not seem to have been recognized or even suspected. In considering the subject, it is necessary to keep in view the most prominent features of an attack of acute laryngitis.

These are stated to be, violent dyspnœa, profuse perspiration, loss of voice, difficult deglutition, gasping respiration, with occasional severe paroxysms of pain about the neck and chest, and a feeling of constriction and tenderness along the course of the larynx and trachea: all this is accompanied by a most distressing degree of restlessness and anxiety; apprehension and horror are depicted on the countenance; sometimes the inflammatory fever runs high, but if the symptoms continue unabated, prostration comes on, and the patient soon sinks. This is a pretty faithful picture of the disease as seen by myself on several occasions. We are recommended to leech and blister; to administer mercury, opium, and tartar emetic; to bleed freely and promptly; and, if all are unavailing, to perform tracheotomy. As these are formidable measures, it is most important that they should never be employed in merely an imitation of the disease.

Several cases are related in which tracheotomy was performed for symptoms of laryngitis arising from aneurism of the aorta. The following was also a case of mistaken diagnosis:—

Having the temporary charge of a practice in the country, I was called one night to a gentleman who had all the foregoing symptoms of acute laryngitis. He was sitting up in bed, gasping and panting in a most distressing manner. On applying the stethoscope to the chest, the breathing was noisy and hissing, the sounds of the heart tumultuous and irregular, and rendered more indistinct from the constant noise caused by the rushing of air through the trachea. The noise was sometimes so loud as to drown all the minor sounds. The head was hot and flushed, pulse quick, jerking, and irregular, and the arms wildly tossed about, as if to waft air into the lungs. The patient's frequent entreaties for more breath seemed to be the forerunner of still more painful paroxysms of difficult breathing. He had been in bed about half an hour, when the symptoms began to show themselves. From the very serious appearance of the case, the friends wished me to have the aid of other medical men of the neighborhood. Two of them speedily arrived, and, on seeing the patient, they at once pronounced it a case of acute laryngitis. Leeches were applied to the throat, calomel and small doses of tartrate of antimony given every half hour, with the prolonged use of a warm bath. Small doses of the ethereal tincture of lobelia were also given, which seemed to lull the symptoms for a short time, but always to return with increased severity. A bandage was three times applied to the arm; but, from some misgivings I had about the case, bleeding was postponed. For nearly five hours we had the humiliation of standing by, watching our patient's sufferings, without having done much to afford relief. I then suggested the use of an emetic, which being agreed to, a draught, containing half a drachm of ipecacuanha powder, and one grain of the tartrate of antimony, was at once administered. As this took no effect, after waiting

a reasonable time, a second and a third were given. The stomach then emptied itself of a very large quantity of half-digested food. Immediately on this happening, all the symptoms of laryngitis disappeared as if by a charm, the breathing became calm, an anodyne was given, and the patient was soon in a sound sleep. On the following day there was a little feverish excitement, with slight yellowness of the skin, which, in a day or two, became decided jaundice. The heart's action was feeble, irregular, and intermittent. Posteriorly could be distinctly heard a whistling sound, so situated as to be indicative of what is called the button-hole contraction of the mitral orifice. The patient, who was about fifty years of age, had generally enjoyed apparent good health, so that this mitral disease had never before been suspected. For a few days he seemed to rally, and great hopes were entertained of a speedy recovery. Subsequently, however, his strength completely gave way, the jaundice continued, the heart disease appeared to gain ground, producing sounds of a very confused character, whilst the pulse gradually became more feeble and irregular.

A physician from one of the London hospitals saw the patient several times. He regarded the jaundice as the leading feature of the case, and considered that nearly all the patient had gone through might be attributed to disease of the liver. Mercury was employed for several weeks; also taraxacum and nitro-muriatic acid internally and in the form of baths. The jaundice gradually disappeared, but now there was great prostration, complete loss of appetite, extreme nervous irritability, and sometimes delirium; sleep much disturbed, and at length constant restlessness. Occasionally the patient was subject to transient paroxysms of dyspnœa; and, getting lower and lower, he died about two months from the first attack.

I assisted at the *post-mortem* examination, the following account of which is abridged from my notes taken at the time:

Examination forty-eight hours after death.—The body presented an appearance of general emaciation. There was no yellowness of the skin; the brown discoloration which succeeded the jaundice had become mottled from desquamation of cuticle, and large white patches appeared about the forehead and upper extremities. On opening the chest, the lungs seemed to occupy the whole cavity; the whole of the two pleuræ, on both sides, were so completely bound together by old adhesions, as to require the use of the knife to separate them; the apex of the left lung appeared puckered and indurated, and on cutting into it a considerable mass of tubercular matter was found in its centre. With the exception of a little congestion around this part, and rather more than the usual *post-mortem* congestion, the lungs were soft and healthy; near their roots was an unusually large number of enlarged, black bronchial glands. The pericardium seemed more than naturally

inclined to the right side, and at its lower extremity could be felt a hard substance about the size of a walnut; this was found to be a fibrous growth springing from the apex of the left ventricle, and connecting it to the corresponding part of the pericardial sac. With this exception, the pericardium was smooth and healthy, and contained about half an ounce of fluid. The heart was large, flabby, and nearly full of blood; on the left side the walls of the ventricle were remarkably thin, and at the apex was an ossific deposit in a cup-like form, and large enough to receive the top of the middle finger; this was found to correspond in situation with the external growth, and appeared to form its base. The two larger columnæ carneæ which give attachment to the chordæ tendinæ were both diseased; that nearest the aortic opening was quite white and cartilaginous—the other completely ossified, and fixed in its position. The chordæ tendinæ were somewhat thickened and rigid; the curtains of the valve thickened, and studded with ossific deposits. There was also, as was anticipated, contraction of the auriculo-ventricular opening. Altogether, the imperfect state of the valve would easily admit of regurgitation into the auricle, and the marks of disease generally were quite sufficient to account for the whistling sounds heard during life. The aortic valves were soft and healthy, but the commencement of the aorta itself was dilated and covered with deposits. The right side of the heart was immensely dilated; the ventricle was full of coagula, some of them old, changed in appearance, and partially adherent to the walls of the cavity; the walls extremely thin and weak; no ossific deposits; the tricuspid and semilunar valves healthy. *Abdomen.*—Viscera in normal position; intestines free, smooth, and apparently healthy; convex surface of liver fixed by old adhesions to under surface of diaphragm. This, as well as the old pleuritic mischief, was referred to a severe illness several years before death. The *liver itself was perfectly healthy in size and appearance;* gall-bladder distended and of a whitish color, and on opening it about three ounces of colorless transparent mucus escaped. This secretion from the mucous coat was quite free from bile, and resembled white of egg. A gall-stone, about the size of a nutmeg, occupied the neck of the gall-bladder; its surface was rough, and embedded in the mucous coat. This appeared to have effectually prevented the passage of bile from the cystic duct to the bladder for a very considerable time. Stomach large, but free from disease. Left kidney enlarged and congested; at its upper part, near the surface, was a small cavity with thickened walls, probably the remains of an abscess of uncertain date. Right kidney smaller, and of healthy appearance.

I have thought it worth while to give the foregoing details, as they may assist in forming an opinion as to what were the circumstances of the case, which combined at the onset to give it the appearance of laryngitis. It might be said in some respects to

have resembled a case of laryngismus stridulus occurring in an adult from one of the same causes as in infancy—viz., irritation of the stomach, and the effect of the emetics showed that to be the real exciting cause; but if mere irritation and distension of the stomach from improper or over-feeding were capable in the adult of producing such symptoms, instead of being extremely rare, how frequently we should meet with them! The disease of the heart, with the little tumor at its apex hampering its action, the gall-stone trying to force its way into the cystic duct, and the immovable condition of the lungs, might all have contributed toward the original aspect of the case.*

I must refrain from occupying valuable space by making critical observations on the diagnosis and treatment adopted, or attempting to give a minute analysis of the symptoms as compared with those of real laryngitis; but this may be said, that nothing short of a post-mortem examination could have revealed the true state of the case. The account of it will not only be interesting in a physiological and pathological point of view, but will probably be of practical benefit by placing many on their guard when called upon to treat similar cases. I have already profited by my experience.

About six months ago, I was called late at night to an elderly lady, who had the same symptoms as those detailed in the previous case, but in a milder form. On being told she had taken a hearty supper, I at once gave an emetic, and she got well immediately. This patient has since suffered in the same way on two occasions, and now is always provided with an emetic, to be used, if necessary, when she chooses to abandon herself to the enjoyment of a good supper. She is the subject of heart disease and chronic bronchitis; but on the occasions referred to, being promptly relieved, there was fortunately not a sufficient amount of organic disease to prevent recovery from the effects of the attack.

The chief practical lesson to be derived from a study of the two cases is simple enough, and its importance is sufficiently apparent. In all sudden cases of violent dyspnœa, it appears highly necessary to find out how far the state of the stomach may be the cause, and, in real laryngitis, to what extent it may modify or aggravate the symptoms presented to our notice.

Even in pure laryngitis—except in peculiar cases—there appears to be no good reason why emetics should not be as beneficial to adults as to children.—*London Lancet.*

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* The necessity for giving three emetics was probably owing to the large quantity of food they came in contact with, which prevented their reaching easily the coats of the stomach. The violent efforts at vomiting may have had something to do with the jaundice, by throwing, as it sometimes does, a little bile into the blood; the same efforts may have thrown the gall-stone into the neck of the bladder, and thus made somewhat protracted what would otherwise have been merely a passing jaundice.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 5, 1859.

OVARIOTOMY—ITS STATISTICS AND RATE OF MORTALITY.

The interest which has, of late years more particularly, attached to the operation of abdominal section for the purpose of removing diseased ovaria, and the intrinsic importance of the question itself, naturally lead medical observers to closely scrutinize the papers which are published from time to time, in connection with the subject.

In the April number of *The American Journal of the Medical Sciences* for the current year, is an elaborate and deeply interesting account of two cases of ovariotomy, by Henry Miller, M.D., President of the College of Physicians and Surgeons in Louisville, Kentucky. The operation, in each case, was crowned with success; and this, like all other similar facts in the history of American Surgery, we hail with sincere satisfaction. Especially is this our feeling in view of the strong terms of condemnation with which European Continental authorities have chosen to speak of the operation.

We have read Dr. Miller's paper with the closest attention; it is written in a perspicuous style, and the circumstances connected with the cases and the operation are succinctly yet very clearly stated. The whole constitutes a paper worthy of being communicated to the College of which its author is the head.

But notwithstanding the favorable impression we have received from the article as a whole, there are one or two points to which we wish to advert, and in which we deem the author to be most decidedly in error.

And chiefly with regard to the conclusions drawn by Dr. Miller in respect to the advisability and propriety of the operation, from the tables of Dr. W. A. Atlee. This last-named writer fixes the rate of mortality for the operation of ovariotomy as only 26½ *per cent.* But this has been ably proved to be an erroneous estimate, by our townsman Dr. George H. Lyman, in his very thorough, laborious, and conscientiously-prepared Essay, which received the Prize awarded by the Massachusetts Medical Society in 1856, upon the following theme—"The Statistics of Ovariotomy."

That Dr. Miller should have totally ignored this exceedingly valuable and reliable source of information, when treating of the *statistical* portion of his subject, greatly surprises us—to say the very least. And were it not just possible that he has not seen Dr. Lyman's essay, we should at once pronounce his omission to refer to it, an injustice to its author and to the profession at large. We are the more inclined to suppose that Dr. Miller has not met with the production to which we thus allude, because writers of authority at the West have shown themselves uniformly candid and fair toward those poor Eastern scribblers who venture to publish any medical lucubrations. And this is more than sundry critics, in more metropolitan quarters, have done. An exception to this general rule of Western fairness and courtesy, must be filed in reference to one instance at least, of lately transplanted Western talent. We are not, however, willing, yet, to

allow that nothing worthy of credence or commendation can be done, in the line of medical literature, outside of the city of *brotherly love!*

Our reference to Dr. Lyman's Essay is made principally for the purpose of showing that, by failure to consult it, Dr. Miller has adopted the erroneous standard of Dr. Atlee in reference to the mortality-rate belonging to the operation of ovariotomy. It is most conclusively shown that the rate is 40·13 *per cent.*—a rate, which while it abundantly sanctions the performance of the operation, is evidently far less favorable to it than the estimate of Atlee, and, following him, of Miller.

In order to make our position in this respect clear, we quote from Dr. Lyman's essay (pp. 117, 118) the remarks and figures which comprise the points at issue:—

"We have seen, in Section IV., that more than three-fifths of the operations are unsuccessful; and, by Section II., that 40.13 per cent. are fatal. Dr. Churchill makes it one in 2¼, or over 36 per cent.; Dr. Cormack, over 38 per cent.; Dr. Robert Lee, over 37 per cent.; Mr. Phillips, over 39 per cent.; Dr. Ashwell's Table, over 36 per cent. Dr. Atlee makes the mortality only 26½ per cent.; but this is done, as will be seen on reference to the last six sections of his analysis, by throwing out of the calculation twenty-seven cases which were complicated with other diseases, six cases in which accidental occurrences were supposed to be the cause of death, and three cases in which death did not ensue for some time after the operation. Now, these same complications are just as likely to be met with, in the same frequency, in all future operations, unless the differential diagnosis of ovarian disease is greatly improved. The question is not, what the rate of mortality would be if this diagnosis could be perfected, if only just the right cases were taken, if only no accidents happened; for these always have occurred, and always will occur, in a certain proportion of cases, even under the most skilful hands. The true question is, What is the rate of mortality, from this operation, in the present state of our medical and surgical science? It is manifestly for the advantage of the operation itself, to say nothing of the unfortunate subjects of it, that a perfectly fair answer should be given to this question. If these tables are correct, that answer is, that 40.13 per cent. are fatal, and that two fifths only are successful. Nor does this look so forbidding, when we compare it with other capital operations. The lowest rate of mortality, after amputations of large limbs, is shown in Dr. Hayward's statistics of the Massachusetts General Hospital; 22.69 per cent. only resulting fatally. Elsewhere, however, we find it to range much higher:" * * * * * * * *

We are constrained to speak positively in relation to this matter, because it is of great importance, and the statement of Dr Miller, that the statistics to which he refers in the number of the *American Journal* we have cited (pp. 333, 334) are reliable, is unfortunately not sustained by investigation. He remarks that "no statistics in all surgery are more trustworthy or better authenticated." We need not say, after the quotation we have offered above, from Dr. Lyman's essay, that this declaration falls utterly to the ground. Were it not so, Dr. Atlee would—three years having elapsed since his mistakes were courteously, though plainly, pointed out—have replied to the allegation.

Dr. Miller refers to the opinion of the late Dr. Mütter, who was inclined to deprecate the operation, on the ground that he believed the mortality too great—and greater than was allowed by writers and statisticians. We ourselves are very much disposed to endorse Dr. Mütter's view that "the merits of this measure"—ovariotomy—should not be gauged "by statistics, nor should it be contrasted with other capital operations." We believe that where the existence of

the patient is distinctly compromised by the presence of an ovarian tumor, the operation ought to be done. Quite as much is it demanded, under these circumstances—*although not so immediately*—as is tracheotomy in croup, when the patient's life is evidently at stake.

As to comparing it with other capital operations, that manifestly cannot be done in some senses, although it may in others. It will suffice, in this respect, to say that all operations which necessitate the exposure of the peritoneal cavity, and, especially, the free handling of the abdominal viscera—not to mention the effusion of blood, serum, &c., into the above-named cavity—possess, *per se*, a quality of danger not inherent in amputations of the large limbs, or in the excision of joints, or even in the operations for strangulated hernia and lithotomy. It is not, however, to be lost sight of, that even the formidable operation of ovariotomy compares very favorably with most of the procedures termed "capital" in surgical parlance.

Leaving the consideration of the above point, we must refer to the statement, by Dr. Miller, that Mr. Lizars was "unquestionably the first *transatlantic* surgeon who performed the operation of ovariotomy, in any technical and proper signification of the term. To L'Aumonier, of Rouen, is generally awarded the credit of first extirpating a diseased ovary, and his name is generally placed at the head of the list of operators in tables of ovariotomy. But the French surgeon only opened an abscess of the ovary consequent to parturition, and is no more entitled to the credit of originating ovariotomy than he would have been had he lanced an abscess of the mammary gland." Thus far Dr. Miller; and as he appears, as we have previously said, either not to have seen Dr. Lyman's essay, or else chooses to ignore it, we append for his perusal, and for that of Dr. Gross—who is referred to as authority, and who seems equally unacquainted with Dr. Lyman's researches—the following statements in reference to "*transatlantic*" priority. The diversity in the two accounts we must leave to be adjudicated upon by those who are interested in the matter—and the entire profession will naturally be so, and wish to have the truth established, if possible. Dr. Lyman says (Essay, pp. 2 & 3):—

"L'Aumonier's case, published at the close of the last century, has usually been reckoned as the first successful one; and although Wierus's oft-repeated case of the gelder who operated upon his own daughter from suspicions of her chastity, the cases of Cyprianus and M. Kapeler, and the cure of Madame de Choiseul, are said to be authentic by Velpeau and others, the first operations for entire removal of the diseased ovary, recorded with any detail, were, next to L'Aumonier's above mentioned, those of McDowell, of Kentucky, in 1809, and Mr. Lizars, of Edinburgh, in 1823; and, in these cases, the modern history of ovariotomy may be considered to have originated."

Dr. Miller, by throwing out L'Aumonier's case, as above mentioned, makes Dr. McDowell, of Kentucky, the first successful operator for the removal of an ovarian tumor, not only in this country, but in the world. Glad as we should be to admit this claim, were it just, we submit that, unless Dr. Miller can disprove the following account of L'Aumonier's case, furnished by Dr. Lyman, he must be content to let his friend hold the second place. And let us here say, that great credit redounds to the Kentucky surgeon, and the eulogistic language which Dr. Miller uses when speaking of him is highly appropriate, and does the writer honor. We now present Dr. Lyman's summary of L'Aumonier's case. (Essay, p. 71.)

"Marie Louise Lagrange; prostitute; age, twenty-one; the disease apparently followed delivery; exhausted from colliquative diarrhœa; had obstinate diarrhœa, and purulent discharge from vagina increased by pressure on the tumor. Incision, four inches, along lower edge of obliquus externus, and a scirrhous ovarian cyst, the size of an egg, was found in connection with an abscess, which was tapped; and a pint of dark fœtid pus issued from the Fallopian tube, with which the ovarian abscess communicated. The adhesions were torn away between the tube and ovary, and the latter removed. No ligature used, though there was some hæmorrhage from a branch of the spermatic artery. The cavity of the tubular abscess was filled with lint, dipped in the yolk of an egg and in honey, with cataplasms over the whole, the external wound not being closed. The intestines were so strongly adherent to each other and to the peritoneum, as to retain their place without protrusion through the wound. She was very low until the sixteenth day, when cerebral symptoms arose, which ceased on the appearance of the menses. Suppuration from the abscess ceased the twentieth day; and she left the hospital, well, Feb. 20, the operation having been performed Jan. 5, 1782."

And here we take leave of the subject for the present, with the single remark that the Essay, from which we have just quoted, while it abundantly manifests the industry and ability of its author, is fully able to sustain a searching examination, and is not to be cavalierly passed by, when questions of importance in relation to the subject are to be decided.

DR. AYRES'S CASE OF CONGENITAL EXSTROPHY OF THE BLADDER.

We print the following letter, in which the writer complains of unjust criticism in a notice of a pamphlet sent to us recently. We do so, because we always desire to allow any one who conceives he has been treated with unfairness in our pages, an opportunity to reply. With regard to the criticism of "H.," although we think it unnecessarily severe, we feel bound to say we consider it to be in the main just. We ought also to add that "H." is a Boston physician, and wholly unacquainted with Dr. Ayres.

Brooklyn, N. Y., April 11, 1859.

Messrs. Editors,—The established character of your esteemed Journal removes any suspicion of your having knowingly permitted its pages to be used for the purpose of satisfying the obvious spite and personal animosity of "H." It must be presumed that you have neither perused, nor even seen, the pamphlet of Dr. Daniel Ayres, on "Exstrophy of the Urinary Bladder," otherwise you would have readily conceived that the pretended "Bibliographical Notice" in Vol. LX., No. 9, is anything but a competent or honest critical exposé. In order to enable you to test the correctness of my remarks, I place a copy at your kind disposal, and your sense of justice and well-known appreciation of true scientific merit will not hesitate in granting the privilege of a few and brief remarks in your pages. Not being interested in the personal feelings which seem to inspire the critical "H.," I may look upon them with philosophical complacency, as not deserving my notice; yet I am interested in the establishment of truth, and particularly as the personalities of such criticism will effectually deter any author from taking up his pen, even in self-defence. I shall scarcely lay myself open to the charge of presumption, being fully conversant with the nature and details of the case, having aided in the operation, and watched with intense interest and curiosity its progress and ultimate results.

This patient presented herself at the clinical department of the Long

Island College Hospital, on my day of service. In exhibiting her malformation to the medical gentlemen present at our clinic, I explained its nature and the relation of the respective parts involved, and adverted to the lamentable, repulsive and mortifying consequences to the patient, in a social point of view. This was the eighth case of exstrophy of the urinary bladder falling under my observation. One I had exhibited to the Medical Society of London, in 1852 (published in the *Medical Times and Gazette*, of that year); another had been operated upon in my presence, by Mr. South, at St. Bartholomew's Hospital, with fatal termination on the third day. My interest, so repeatedly challenged by these cases, had induced my extended inquiry into the literature of this subject, with especial reference to relieving them by surgical art. But having met with no encouragement by *any* author, from *any* source, I would not hesitate in stating that, beyond an appropriate apparatus to protect the exposed walls of the bladder from friction, and the surrounding integuments from the corrosive action of the urine, nothing more would be suggested for the mitigation of the deformity. The same conclusion seems to have been arrived at by the enterprising surgeon of the Brooklyn City Hospital, from whose care she had been discharged, in an unchanged condition.

When closing my clinical remarks, Dr. Ayres entered the lecture-room, and, after a close scrutiny of the defect, suggested the feasibility of relieving the patient by a new plastic operation.

Although frankly confessing that I entertained no hope from any operation whatever, and being confirmed in this opinion by the recorded experience of the best surgical authorities, both in Europe and on this continent, still I cheerfully transferred the case to his acknowledged surgical ingenuity. Soon after, Dr. Ayres submitted the details of the designed operation, which not only struck me as *perfectly feasible*, but also as *totally new and ingenious*.

As the details of both the case and the operation have been fully illustrated, and in a legitimate form placed before the profession (Vide February No. of the *New York Medical Gazette*), I may confine myself to the results, which have been so grossly garbled and misstated by the amiable reviewer.

1. The exposed and sensitive urinary bladder is completely covered with firm integuments, thus entirely removing the previous source of constant pain.

2. The anterior wall of the bladder being thus artificially reëstablished, and the labia majora pudendi approximated, the repulsive aspect of the malformation is successfully concealed by an almost normal appearance of the parts interested.

5. The large surface, constantly drained with urine, has been converted into a comparatively small canal, a urethra, so to speak.

4. The incidental effects upon the vulva were to diminish its capacity, thus reducing a complete prolapsus of both uterus and vagina to a comparatively slight protrusion of the anterior wall of the latter, only completely controllable by a simple pessary, previously useless.

These are the facts, susceptible of demonstration from the patient herself, and confirmed by numerous medical gentlemen who witnessed the operation and testified their high appreciation of its results. For the sake of vindicating truth, this would suffice to neutralize the distorting criticism of "H." To exemplify, however, the incompetence,

inconsistency, and the wanton animosity of the criticism, a few more words are necessary.

Whilst "H." joins in the views of Prof. Erichsen that *no* operation for the defect has *ever* proved successful, and that *no* encouragement for its repetition can be derived from the results hitherto attained, he at the same time adverts to Chopart's case of Cabrol, successfully operated upon. I must confess that this case has escaped my attention, as it has Dr. Ayres's. Prof. Erichsen, Nélaton and other distinguished authors on surgery, at any rate are acceptable company in error. Having the quoted work of Chopart not at my command, and therefore unable to confirm or contradict the charge of oversight, I take the word of "H." for it, provided he has used a French dictionary.

Again, "H." asserts that the author "has not fulfilled the pretences [pretensions] of his title-page," and yet compliments him on "his ingeniously-designed operation;" whilst the above-stated results undeniably prove that the operation, whether considered as a remedy for the malformation, or a relief from "the deplorable consequences of parturition," is in both respects, and as far as reasonable expectation goes, *a perfect success*, at any rate sufficiently marked to exceed the the critic's comprehension or to extract from him the ebullition of a most significant ire.

But we have no fears that the efforts of Dr. Ayres to remove another opprobrium from surgical art will receive a more impartial adjudication at the hands of the profession.

Louis Bauer, M.D.,
Surgeon to the Long Island College Hospital.

MEDICAL CONVENTION FOR REVISING THE PHARMACOPŒIA OF THE UNITED STATES.

The Medical Convention for revising the Pharmacopœia, which met at Washington in May, 1850, provided for assembling a Convention for the same purpose, in the year 1860, by the following resolutions.

"1. The President of this Convention shall, on the first day of May, 1859, issue a notice requesting the several incorporated State Medical Societies, the incorporated Medical Colleges, the incorporated Colleges of Physicians and Surgeons, and the incorporated Colleges of Pharmacy, throughout the United States, to elect a number of delegates, not exceeding three, to attend a general Convention, to be held at Washington, on the first Wednesday in May, 1860.

"2. The several incorporated bodies, thus addressed, shall also be requested by the President to submit the Pharmacopœia to a careful revision, and to transmit the result of their labors, through their delegates, or through any other channel, to the next Convention.

"3. The several medical and pharmaceutical bodies shall be further requested to transmit to the President of this Convention the names and residences of their respective delegates, as soon as they shall have been appointed, a list of whom shall be published, under his authority, for the information of the medical public, in the newspapers and medical journals, in the month of March, 1860."

In accordance with the above resolutions, the undersigned hereby requests the several bodies mentioned to appoint delegates, not exceeding three in number, to represent them in a Convention for revising the Pharmacopœia of the United States, to meet at Washington on the first Wednesday in May, 1860; and would also call the atten-

tion of these bodies to the second and third resolutions, and request compliance with the suggestions therein contained.

GEO. B. WOOD,
Philadelphia, May 1st, 1859. *President of the Convention of 1850.*

N. B.—Medical and Pharmaceutical Journals will please copy the above notice.

CANCER DOCTORS.

IN a recent number, we took occasion to allude to the attention which has been given, of late, by eminent medical men to the use of caustics in the treatment of cancerous tumors, particularly in those cases where the more expeditious method of extirpation by the knife is precluded, for various reasons. We also referred to the advantage which empirics have taken of the interest felt in the subject, to establish for themselves a claim for the successful treatment of cancer without the use of the knife. Every city, almost every town, has its pretenders to skill in this department, the business being a very lucrative one, in many cases, though, like all success built upon a foundation of imposture, it is but of temporary duration. In this country we have no means of protecting the public against the evils caused by this trade; it is only by sad experience that the victims discover, when too late, that these diseases, like all others, are best understood and best treated by the medical profession, and those who put themselves in the hands of ignorant pretenders must expect nothing but disappointment and failure. The press, even while disclaiming any sympathy with charlatans, lends them a powerful aid by publishing their advertisements. A paper in this city, which printed extracts from our article of April 14th, contains also the advertisement of an "Indian Doctor," setting forth, in more than half a column, the advantages of his method of curing cancers, to which the attention of the reader is especially directed by a paragraph in another part of the paper.

One of these impostors, who has attracted much notice of late, on account of his extraordinary run of luck for a brief period, in Paris, has been recently exposed by M. Velpeau, who adopted a method which is admirably suited to these cases. The following extract from *Galignani's Messenger* of April 1st (published in Paris), gives the result of the trial of the so-called specific of this practitioner.

"The attention of the public has been lately directed to the relation of some wonderful cures said to have been performed in cases of cancer, by a medical man of color named Vries. These cures at length became so much talked of that M. Velpeau, surgeon at the hospital of La Charité, member of the Institute and of the Academy of Medicine, was desirous of ascertaining the correctness of the accounts given, and of arriving at a correct estimate of the real value of the specific used by M. Vries. For this purpose an offer was made him to take under his exclusive treatment sixteen cases of confirmed cancer at La Charité, which he accepted, and those patients have been for two months subjected to the use of what he calls his antidote against that dreadful disease. This treatment commenced on the 27th January, and on the 29th March M. Velpeau read to the Academy of Medicine a report of the result. After stating that every arrangement had been made, and the most positive directions given, that no one belonging to the hospital should in any way interfere with the patients placed under the care of M. Vries, and that all the orders he might give should be punctually attended to, M. Velpeau states that nothing has been effected to bear out the pretensions of M. Vries; that none of the patients have been cured; that one of them, a female, died at

the end of ten days, and that with all the others the disease has followed its ordinary course, and after two months' treatment the patients have not shown any improvement. M. Velpeau sums up his report by the following conclusions:—That no antidote for cancer has yet been discovered; that M. Vries has effected no cure on any of the patients entrusted to him in the hospital; and that he has never cured and never can cure a case of cancer anywhere. The Academy unanimously decided that the report of M. Velpeau should be sent to the Minister of Justice, and that M. Vries should be no longer admitted at the hospital.

Mankind is very slow to learn by experience. The exposure of Dr. Fell, in London, did not prevent the successful imposture of Dr. Vries, in Paris; nor will the failure of "Indianopathy," in Boston, to cure cancer, prevent some other "method," equally absurd and unsuccessful, from obtaining a temporary popularity among a certain class of people and raising hopes which are destined never to be realized, in the subjects of a painful and dangerous disease.

THE SANITARY AND QUARANTINE CONVENTION.

The late meeting of this important Convention, in New York, will, we trust, be productive of lasting benefit to our country, and to the world. It is not often that such unanimity of sentiment pervades a body met to discuss one of the most important questions relating to our national welfare. The delegates seem all to have been animated by a love of truth, and by the desire of benefiting, practically, the community. Two great questions have been established as the sense of the Convention:—the non-communicability of yellow fever, from one person to another, and the necessity of sanitary regulations, as a means of preserving the health of cities and towns. A Sanitary Code, compiled by Dr. Clark, City Physician of Boston, was adopted for recommendation. We have had an opportunity of examining this Code, and can bear witness to its completeness and to the knowledge and judgment displayed in its preparation.

There is another subject which has occupied the attention of the Convention, and the importance of which needs to be far more deeply impressed upon the community than it is. We refer to Registration, which is provided for by only a few States of the Union, and in some of those few is only imperfectly carried out. When the report of the Convention shall have been printed and widely circulated, as we trust it will, it will be seen how closely the health and comfort of the inhabitants are connected with the accurate registration of births, deaths and marriages, with all the necessary particulars pertaining to each. In our State, which is in advance of most of the others in respect to registration, there is need of certain improvements, which can only be carried out by legislative enactment, and which are essential to a knowledge of the causes of death among us.

We need hardly say that we look with pride upon the important part which has been taken in the proceedings of the Convention, both at this and its previous meetings, by Boston delegates.

TREATMENT OF ASCARIDES.

Messrs. Editors,—I noticed, a few weeks ago, a call for a cure for ascarides, or pin worms. In an extensive practice of more than forty years, I have never known assafœtida and aloes to fail of an immediate cure. I have usually given the medicine in tincture, and in some cases have thought best to clear the bowels of mucus and other mat-

ter, by a dose of calomel and rhubarb, or some other pretty smart physic. I have treated very many patients of all ages, from infancy to old age, and never failed of an immediate cure. I know not whether I have ever seen these medicines recommended in books. I took them from Dr. Mussey's Lectures at Dartmouth College, perhaps forty-four years ago. Yours respectfully, &c.,

South Creek, Bradford Co. Pa., } NATH'L SMITH.
April 10th, 1859. }

Boston Medical Association.—The Annual Meeting of this Association was held on Monday last at the Suffolk District Society's Rooms. Dr. J. B. ALLEY was reëlected Secretary, and the following gentlemen were elected as the Standing Committee:—Drs. N. B. Shurtleff, Silas Durkee, W. J. Dale, J. M. Warren and George Hayward, Jr.

During the last year the following gentlemen have joined the Association:—Drs. E. C. Rolfe, J. C. White, J. A. Lamson, A. D. Sinclair, A. C. Garratt, S. Mighill, D. W. Cheever, J. V. Jarvis, C. D. Cleaveland, N. C. Stevens, A. Ruppaner.

The following members have died:—Drs. Ephraim Buck, S. S. Whipple and J. B. Hallinan.

A Statue of John Hunter.—The removal of the remains of the illustrious Hunter from their original resting place to Westminster Abbey, has suggested the propriety of the erection of a statue, to commemorate the great comparative anatomist and father of surgery in England. A Committee has been appointed by the Royal College of Surgeons to take measures for carrying into effect this design. We trust that some action has been taken in the matter by the American Medical Association, whose annual meeting, at Louisville, Ky., is now drawing to a close.

Drs. Alexander B. Mott and J. W. S. Gouley have been appointed surgeons to Bellevue Hospital, New York.—The New Medical College in Chicago, in connection with Lind University, has been organized.

Health of the City.—Of the 59 deaths last week, 38 were of females and 21 of males. The ages of those who died were more evenly distributed than common. Thus there were 17 under 5 years, 8 between 5 and 20, 14 between 20 and 40, 10 between 40 and 60, and 10 above 60. There were 4 deaths from debility, the subjects being all females, between 72 and 76 years. There were 2 deaths from smallpox, both of females, 18 and 53 years of age. The total number of deaths for the corresponding week of 1858, was 66; of which 12 were from consumption, 5 from pneumonia and one from debility.

MARRIED,—At San Francisco, Cal., Dr. David Burbank to Miss Clara A. Kauffer, of Portsmouth, N. H.

DIED,—At Shrewsbury, 30th ult., Dr. A. Brigham, 56.—At Cleaveland, Ohio, 24th ult., Dr. A. H. Ackley, an eminent Surgeon.—In Philadelphia, 24th inst., Emlen Physick, son of the late Dr. Philip Syng Physick, in the 47th year of his age.

Deaths in Boston for the week ending Saturday noon, April 30th, 59. Males, 21—Females, 38.—Accident, 1—apoplexy, 1—bronchitis, 1—inflammation of the brain, 1—cancer, 1—consumption, 13—convulsions, 1—cholera infantum, 1—croup, 2—debility, 4—dropsy, 2—dropsy in the head, 2—bilious fever, 1—scarlet fever, 1—gravel, 1—disease of the heart, 1—intemperance, 1—inflammation of the lungs, 2—congestion of the lungs, 2—marasmus, 3—measles, 1—old age, 1—palsy, 3—pleurisy, 2—puerperal disease, 2—scrofulous disease of the bones, 1—smallpox, 2—teething, 3—thrush, 1—unknown, 1.

Under 5 years, 17—between 5 and 20 years, 8—between 20 and 40 years, 14—between 40 and 60 years, 10—above 60 years, 10. Born in the United States, 37—Ireland, 18—other places, 4.